

## ADULT HEALTH APPRAISAL FOR CHILD CARE

PRINT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF HEALTH EXAMINATION \_\_\_\_\_

**Type of Activity in Child Care (check all applicable):**

☐ Caring for Children      ☐ Adult Member of Household      ☐ Food Preparation      ☐ Driver of Vehicle  
☐ Desk Work      ☐ Facility Maintenance      ☐ Other \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY HEALTH PROFESSIONAL WHO DOES HEALTH APPRAISAL**

1. As shown by physical examination, is this individual physically and emotionally healthy to perform the tasks of providing care to children?	Yes	No
<b>If no,</b> please explain:		
2. Does this individual have any special medical conditions that might interfere with the health of the children or might impact the level of care the individual can provide to children?	Yes	No
<b>If yes,</b> please explain:		
Describe any reasonable accommodations that may be required, if applicable:		
3. Is this individual free from communicable tuberculosis?	Yes	No
<b>Determination based on (check one):</b> A negative skin test or TB risk assessment within the past 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No OR A positive skin test followed by one negative x-ray and an asymptomatic history at this health appraisal. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IF BOTH ARE "NO" RESPONSES, PLEASE EXPLAIN AND PROVIDE PLAN FOR FOLLOW-UP:</b>		

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PRINT Name of Health Care Professional Licensed to Perform Health Appraisals

Telephone Number

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PRINT Address of Health Care Professional Licensed to Perform Health Appraisals

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Signature of Health Care Professional Licensed to Perform Health Appraisals

Date